



MECHANICAL PERMIT APPLICATION

BUILDING and NEIGHBORHOOD SERVICES
 615-794-7012 Office 615-591-9066 Fax

GENERAL INFORMATION

Subdivision: _____ Lot #: _____ Building Permit #: _____
 Project Address: _____ Suite/Unit #: _____
 Project Name: _____
 Property Owner/General Contractor: _____
 Property Owner's/General Contractor's Phone Number: _____

CONTRACTOR INFORMATION

Mechanical Contractor: _____
 City Mechanical License #: _____ Expiration Date: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ E-mail: _____
 Office phone: _____ Cell Phone: _____ Fax: _____

CHECK ALL THAT APPLY

\$ _____ **CONTRACT AMOUNT (Materials and Labor)**

Natural Gas <input type="checkbox"/>	Refrigeration <input type="checkbox"/>	Residential <input type="checkbox"/>	# Tons _____
Electric <input type="checkbox"/>	Ductwork <input type="checkbox"/>	Commercial <input type="checkbox"/>	# BTU _____
Tankless Water Heater and Gas Line Upgrade <input type="checkbox"/>	Gas Line Test <input type="checkbox"/>	HVAC <input type="checkbox"/>	Number of Stories _____
LPG <input type="checkbox"/>	Change out <input type="checkbox"/>	Water Heater <input type="checkbox"/>	
Fireplace <input type="checkbox"/>			

Narrative of Scope of Work (required)

Signature: _____ **Date:** _____

Note: Contact Lori Jarosz (lori.jarosz@franklintn.gov) or 615.550.6728 at for confirmation of address assignment. Ladder Access to be provided by contractor to roof areas. Incorrect or incomplete information may result in permit revocation.